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O P E R A T I O N  
JUL 08 2005  
PATENT

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27073 7590 04/11/2005

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**Kristen Carberry**

(Depositor's name)

*Kristen Carberry*

(Signature)

**July 5, 2005**

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/602,324	06/24/2003	Chun Chen	400.211US01	1950

TITLE OF INVENTION: SELF-ALIGNED SILICIDE FOR WORD LINES AND CONTACTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/11/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LE, DUNG ANH	2818	438-258000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Leffert Jay &amp;</u> 2 <u>Polglaze, PA</u> 3 _____
------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

**Micron Technology, Inc.**

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

**Boise, ID**

**07/11/2005 MBIZUNE2 00000022 10602324**

**1400.00 OP**

**300.00 OP**

**12.00 OP**

**01 FC:1501**

**02 FC:1504**

**03 FC:8001**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501373 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Tod A. Myrum

Date July 5, 2005

Typed or printed name Tod A. Myrum

Registration No. 42,922

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